

# RE-CERTIFICATION APPLICATION



## COURT-APPOINTED ATTORNEY CERTIFICATION

Pursuant to Code of Virginia, §19.2-163.03, after initially qualifying for **Felony** and **Misdemeanor** certification, an attorney shall maintain eligibility for certification biennially by notifying the VIDC of completion of at least 8.0 hours of VIDC approved CLE credit completed within the past 2 years. Two (2.0) of the hours shall cover the representation of individuals with behavioral or mental health disorders and individuals with intellectual or developmental disabilities *as defined in § 37.2-100*. In addition, to maintain eligibility to accept court appointments in **Juvenile** cases, an attorney shall complete biennially thereafter 4.0 additional hours of VIDC and MCLE-approved continuing legal education on representing juveniles.

NAME & CONTACT INFORMATION			
FIRST	MIDDLE	LAST	
FIRM NAME			
MAILING ADDRESS <i>(The address provided will be published on the PUBLIC Certified Counsel List)</i>			
CITY		STATE	ZIP CODE
PHONE #		FAX #	
EMAIL ADDRESS <i>(Expiration notices will be sent to the email address you provide)</i>			

ATTORNEY LICENSE INFORMATION		
VA STATE BAR NUMBER	YEAR LICENSED TO PRACTICE IN VA	ARE YOU IN GOOD STANDING WITH THE VA STATE BAR? <input type="checkbox"/> YES <input type="checkbox"/> NO

STANDARDS OF PRACTICE
All court appointed attorneys and public defenders shall comply with the Standards of Practice for Indigent Defense Counsel pursuant to §19.2-163.01(A)(4). Failure to abide by these performance standards may result in removal from the list of eligible court appointed counsel. The Standards are available on the VIDC's website at <a href="http://www.vadefenders.org/standardsofpractice">http://www.vadefenders.org/standardsofpractice</a>
<input type="checkbox"/> I have read and understood the Standards of Practice statement above.

RE-CERTIFICATION TYPE
APPLICATION FOR (CHECK ALL THAT APPLY) <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE

**VIDC-APPROVED CONTINUING LEGAL EDUCATION**

Please list below the VIDC approved CLE courses you have attended during the preceding two (2) years as of the date of expiration. The required number of CLE hours for each case type is described on page 1 of this application. VIDC Approved courses can be found at <http://www.vadefenders.org/recertification/>

**MCLE Course Information**

Course Name:

Sponsor:

Date:

Location:

CLE Hours:

Misd/Felony:

Mental Health:

Juvenile:

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Course Name:

Sponsor:

Date:

Location:

CLE Hours:

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Date:

Location:

CLE Hours:

Misd/Felony:

Mental Health:

Juvenile:

**MCLE Course Information**

Course Name:

Sponsor:

Date:

Location:

CLE Hours:

Misd/Felony:

Mental Health:

Juvenile:

**MCLE Course Information**

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Sponsor:

Date:

Location:

CLE Hours:

Misd/Felony:

Mental Health:

Juvenile:

## **STATEMENT OF TRUTH**

I hereby certify that all the information provided on this application is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application by email to: [certification@vadefenders.org](mailto:certification@vadefenders.org)**